

A History of the Hospital Corps

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14 JUN 96

Few military organizations can look upon their histories with the same degree of pride and, in some cases awe, as can members of the Navy Hospital Corps. In its century of service, the Hospital Corps has proven itself ready to support the Marines and Sailors, to give them aid whenever and wherever necessary. As the years have progressed, the tools and techniques used by Hospital Corpsmen and their forerunners have evolved, but the level of dedication has remained a strong current running through the corps' history.

Revolutionary War

America's Navy in the war for independence was by no means a powerful threat in terms of sea power. The hodge-podge fleet was built for the most part from ships wholly unsuited for the purpose of war. Merchantmen were given guns, the only visible signal of their transformation to naval vessels.

The first direction given to the organization of Navy medicine consisted of only one article in the *Rules for the Regulation of the Navy of the United Colonies of North America* of 1775. Article 16 stated:

"A convenient place shall be set apart for sick or hurt men, to be removed with their hammocks and bedding when the surgeon shall advise the same to be necessary: and some of the crew shall be appointed to attend to and serve them and to keep the place clean. The cooper shall make buckets with covers and cradles if necessary for their use."¹

It is of interest that the barrel-maker had a more detailed job description than did any kind of medical assistant. What could be termed the medical department of a ship, then, developed from those meager guidelines and from the traditions of the British Royal Navy, which served as a model for so much of the American sea service. A typical medical section was usually limited to two, perhaps three men: the surgeon, the surgeon's mate, and perhaps an enlisted man. It is difficult to make direct parallels between some of the roles between the Navy of the 1770s and that of today. Particulars of the age--the state of naval technology, the contemporary medical knowledge, means of ensuring hygiene--made for different necessities for ship's medical personnel.

The surgeon was a physician. Surgeon's mates of the day held the equivalent of a warrant officer's commission, and were usually doctors as well. The term "physician," however, was subject to wide

¹*Rules for the Regulation of the Navy of the United Colonies of North America* of 1775. Washington: Naval Historical Foundation, 1944, p. 5.

interpretation, as it was common during this period to become a physician by an apprenticeship to an established doctor. Once the requisite professional and educational experience were proven, the surgeon's mate could apply to become a surgeon.

Because of the rank and professional status of the surgeon's mates of this period, previous histories have usually relegated their positions to the history of the medical corps. If, however, the surgeon's mate's duties and experience are examined, the surgeon's mates appear more to be equivalents to senior or independent duty corpsmen. Few things changed in medical techniques and organization between 1775 and 1814, the period covering America's first naval wars. Dr. Amos A. Evans, Surgeon aboard the U.S.S. *Constitution* in 1813, made notes regarding his medical department staff in his January 10th diary entry:

"Particular attention must be paid to the sick & wounded: and see that they get their medicines drink &c as ordered.

Johnson must attend to the cooking & procuring water for the sick--

Williams must wash all the bandages &c in Boiling water, & have them ready rolled up. He must also scrape lint & pay a general attention to the sick. He must make the poultices.

Bowen must give all the medicines.

Stephen Vee must make all drinks & give them. He must also see that any man has Lemonade when he wants it. They must all keep their regular watch at night except Bowen who is subject to all calls for medicine &c at night.

Johnson must keep his watch.²

The job descriptions of Dr. Evans' assistants, some of whom were probably surgeon's mates, are decidedly closer to the duties of a hospital corpsman than to a doctor. Again, though, that comparison has specific differences. The surgeon's mate of the day was also similar to civilian contract physicians in the army. He elected to serve on a particular ship, which he chose himself, and signed only for a particular cruise. The surgeon's mate was free to leave the service whenever he wanted, whether that was at the end of the cruise or at the first liberty port.³

While the more technical and scientific duties were performed by the surgeon's mate, junior enlisted men accomplished the less sophisticated tasks. Simple nursing care and battle casualty responsibilities were assigned to available personnel out of necessity and custom rather than to fill a specifically described billet. For example, officers' cabin boys, cooks, and older sailors were most probably detailed to assist the surgeon as needed. Without specific medical training, these appointed men could only care for the day-to-day needs of the infirm: cleaning their clothes and hammocks and feeding them. The daily ration was simple, and porridge or "loblolly" was sure to be carried down

²Dudley, William S., ed. *Naval War of 1812: A Documentary History, Volume II, 1813*, p. 10. Washington:1992, Naval Historical Center, Department of the Navy.

³"Hospital Corps, U.S. Navy," *Hospital Corps Quarterly*, Volume 21, No. 2, April-May-June 1948, p. 2.

to those in the medical space by the untrained attendants.

The less dramatic, but far more common, responsibility of caring for the non-combat ill and injured was centered around feeding and personal care of the sick. Congress approved an act on March 2, 1799 which copied the words of the Continental Congress's article 16 of 1775.⁴ While it describes the general nature of the duties, it still does not give the billet a title. The nickname "loblolly boy" was in common use for so many years that it was used as an official title in Navy Regulations of 1814, whose duties were described in the regulations of 1818.⁵ The loblolly boy's job description included the following:

"The surgeon shall be allowed a faithful attendant to issue, under his direction, all supplies and provisions and hospital stores, and to attend the preparation of nourishment for the sick.

The surgeon's mates shall be particularly careful in directing the loblolly boy to keep the cockpit clean, and every article therein belonging to the Medical Department.

The surgeon shall shall prescribe for casual cases on the gun deck every morning at 9 o'clock, due notice having been previously given by his loblolly boy by ringing of a bell."⁶

The U.S. Navy's first loblolly boy of record was John Wall, who signed to fill that billet aboard the U.S.S. *Constellation* on June 1, 1798. The ship sailed with a surgeon, George Balfour, and a surgeon's mate, Isaac Henry, as well. Eight months later, in February 1799, Capt. Thomas Truxton won a decisive victory against the French frigate *L'Insurgente* in the Caribbean. This would have been Loblolly Boy Wall's first opportunity to care shipmates wounded in battle.⁷

⁴"History of the Hospital Corps of the United States Navy," prepared by Chief Pharmacist J. Holden, United States Navy, *Hospital Corps Handbook*, The Bureau of Medicine and Surgery under authority of the Secretary of the Navy, Washington: 1923, p. 1.

⁵ibid." Log of the Hospital Corps, Highlight on the 'Ancaducros,'" *Hospital Corps Quarterly*, Volume 21, No. 2, April-May-June 1948, p. 24.

⁶"History of the Hospital Corps of the United States Navy," prepared by Chief Pharmacist J. Holden, United States Navy, *Hospital Corps Handbook*, The Bureau of Medicine and Surgery under authority of the Secretary of the Navy, Washington: 1923, p. 1. Chief Pharmacist Holden's brief history has been the basis for most of the concise histories distributed to corpsmen.

⁷ibid.

Other loblolly boys who are documented in Navy records include Alexander Wood, who served aboard the U.S.S. *Essex* in 1802 and John Domyn aboard the frigate *Philadelphia* in 1803. Domyn and the rest of the crew of the *Philadelphia* were captured at Tripoli by Algerian pirates in October 1803 and remained captive until June 1805. Further, there was a 16 year-old loblolly boy aboard the U.S.S. *Eagle*, Joseph Anderson, about 1800. Anderson has the distinction of being the first known Black loblolly boy, but is also distinct because he was beaten by his surgeon, Charles Webb, after breaking into the medical chest⁸.

In the ensuing decades as the Navy sophisticated the medical department changed to better care for the service. A more distinct split between officer and enlisted medical specialists occurred. Surgeon's mates were reclassified as assistant surgeons and given commissioned rank in 1828. Surgeon's steward became the new, more dignified term for enlisted medical specialists. The term is first seen in 1841 in Navy pay charts, but it appears that the new billet was only allowed on larger ships. By 1 April 1843, the Navy Department issued an order allowing surgeon's steward to be assigned to brigs and schooners.⁹ Not only was the title elevated in stature, the relative importance of this petty officer was increased. Surgeon's stewards would now rank second in seniority among the ship's petty officers, next after the master-at-arms.

Herman Melville, famed author of *Moby Dick*, gives a description of the surgeon's steward aboard the frigate U.S.S. *United States* in *White Jacket*, his account of Navy life in 1843:

"An official, called the surgeon's steward, assisted by subordinates, presided over the place [sick bay]...He was always to be found at his post, by night and by day."¹⁰

Melville's detailed but contemporarily wordy description of the ship's medical department notes that "Pills," the nickname of the surgeon's steward, performed a variety of duties. He assisted in preparing and passing surgical instruments during an operation. He also ran the ship's apothecary shop. The steward usually kept his shop open for an hour or so in the morning and in the evening, preparing prescriptions with his mortar and pestle at the surgeon's order or on his own accord. Melville remembered how he went to the steward several times when he felt a need for medicine, only to be give his freshly-ground, bitter-tasting powders in a plain tin cup. While he commented on the unpleasant taste and after-effects, Melville also noted that the potion was free of charge.¹¹

⁸Langley, p. 47.

⁹ibid., p. 2.

¹⁰Melville, Herman, *White Jacket*. Evanston and Chicago: Northwestern University Press and the Newberry Library, 1970, pp. 256, 326-7.

¹¹ibid.

A brief mention of the state of the medical science should be made. For the first several decades of the American naval tradition, medicine remained largely medieval. Cupping, or burning alcohol out of a glass cup and then placing it against the skin to draw bad blood to the surface, was commonly performed. This was often followed by blood-letting. A practical stethoscope was not developed until 1819, and by the time of the Civil War, the Harvard Medical School did not yet own one. The first practical hypodermic syringe was devised in 1845, but it remained a curiosity more than a practical tool for decades. Ether and chloroform as surgical anesthetic were not utilized until 1847. Surgical antiseptic concepts would miss the Civil War, coming to light in 1867. Steam sterilization was first used in 1887.¹²

A variety of chemicals was routinely used in medicinal preparations, including arsenic, mercury, and turpentine. Medications that actually do have beneficial properties were used, but they were frequently prescribed in the wrong amount or for the wrong ailment. Morphine and laudanum (tincture of opium), belladonna, digitalis, and quinine were standards in 19th century naval formularies. With regard to quinine, it was not until the end of the 19th century that the relationship between malaria and mosquitos, as well as quinine's effects to treat the disease, were fully understood.¹³

1861 brought a horrible civil war to this country and, with the massive increase in the Navy, changes and developments in the medical department were sure to ensue. On June 19, 1861, a Navy Department circular order established a new name for the loblolly boy.

"In addition to a surgeon's steward, 1 nurse would be allowed for ships with a complement of less than 200; 2 nurses would be allowed for ships with a complement of more than 200; and sufficient nurses would be allowed on receiving ships in a number proportionate to the necessities of the vessel."¹⁴

While the shipboard medical department may have only changed titles of personnel, new techniques in mass care of the sick and wounded were developed. A Confederate-owned sidewheel steamer was captured by Union forces after it was struck by a shell. The ship was repaired and modified through the summer of 1862 to care for patients. Revisions to the ship were to include bathrooms, kitchens, laundries, even elevators and facilities to carry 300 tons of ice. This war prize was controlled by both the Army and the Navy until it was sold to the latter by the Illinois Prize Board. On December 26, 1862, the U.S.S. *Red Rover* became the first U.S. Navy ship specifically commissioned as a hospital ship. The medical complement included 30 surgeons and male nurses, but also added four

¹²*Notes on the History of Military Medicine*, Lieut. Col. Fielding H. Garrison, Medical Corps, U.S. Army. Washington: Association of Military Surgeons, 1922, pp. 180-187. "Hay-Foot, Straw-Foot Medicine: 1861-1865," Capt. C. J. McGrew, MC, USN, *U.S. Navy Medicine*, Volume 61, March 1973, p. 29-30.

¹³ibid.

¹⁴"Hospital Corps, U.S. Navy," *Hospital Corps Quarterly*, Volume 21, No. 2, April-May-June 1948, p. 2.

females, nuns from the Order of the Holy Cross.¹⁵

While the Civil War was often not as intense to those in the sea services as it was for the Army, there were a number of terrible battles which necessitated a competent medical department. Pvt. Charles Brother, a Marine stationed aboard Admiral David Farragut's flagship U.S.S. *Hartford*, recalls such an account in his 1864 diary. After the admiral cursed the sea mines awaiting his fleet in Mobile Bay ("Damn the torpedos!"), Farragut directed the *Hartford* into the fight. Heavy Confederate fire from the Confederate ram *Tennessee* ensued. As would often be the case during combat action, Navy medical personnel risked becoming casualties from hostile fire. In their attempts to minister to battle casualties, medical personnel are themselves targets and sometimes do not even have the chance to render aid. Pvt. Brother noted,

"The shell from the ram burst as it came through killing the Docts Stew'd [sic] instantly...Very few were slightly wounded, all were either killed intstantly or horribly mangled. Our cockpit [sic bay] looked more like a slaughter house than any thing else."

¹⁵*United States Naval Hospital Ships*, Milt Riske. Washington: Naval Historical Foundation Publication, Series II, Number 18, Spring, 1973, pp. 2-3.

Admiral Farragut's after-action report listed a grizzly count of 25 killed and 28 wounded on his ship.¹⁶

Enlisted medical personnel were needed for other assignments besides men-o'-war and hospital ships. Nurses and surgeon's stewards also manned a number of naval hospitals which provided the next link in the chain of care for sick and injured Marines and Sailors. A further aspect of naval combat in the Civil War would provide a role for medical personnel which would grow in the coming decades: amphibious assaults. Through World War I Navy personnel were trained in the infantry and artillery techniques needed to land them for attack on foreign beaches. Marines often provided instruction and guidance in the particular skills of land warfare, but seamen were expected to be equally proficient. The second assault on Ft. Fisher, North Carolina, was the largest amphibious attack of the war and provided no small number of casualties for Navy nurses and surgeon's stewards.

Post-war reductions in the size of the Navy brought new classifications to enlisted medical personnel. The title surgeon's steward was abolished in favor of three grades of apothecaries in 1866. Those selected as apothecaries had to be graduates of a course in pharmacy, or to possess the knowledge by practical experience. The Apothecary, First Class ranked with a warrant officer, while the second and third class were petty officer equivalents. The first class was reduced to the level of a petty officer on March 15, 1869, just three years later.¹⁷

¹⁶"The Diary of Private Charles Brother," *Civil War Naval Chronology, Part VI--Special Studies and Cumulative Index*. Washington: Naval History Division, Office of the Chief of Naval Operations, Navy Department, 1965, p.83.

¹⁷"Hospital Corps, U.S. Navy," *Hospital Corps Quarterly*, Volume 21, No. 2, April-May-June 1948, pp. 2-3.

Combat action occurred at various times in the years between major naval wars. 1871 was the year of America's first landing in Korea, a punitive assault in response to cruel treatment of shipwrecked sailors. 547 Sailors and 109 Marines began their assault on June 10, 1871. As part of the landing party, a hospital force of 3 doctors and 12 enlisted men came ashore. It is likely that most of them were either apothecaries or nurses. Each man in the hospital force carried a blanket roll over his shoulder, a small cooking pot, and two days' worth of pre-cooked rations. In addition, the medical personnel each carried pistols. Thorough preparations to take on their enemy resulted in only 3 killed Marines and Sailors, as opposed to 243 dead Koreans.¹⁸

Nurse, as a title for junior enlisted medical personnel, fell into disuse in the next decade. The next name used was "bayman," one who manned the sick bay, which utilized in the early 1870s. U.S. Navy Regulations of 1876 used the title officially, and it remained a valid term for 22 more years.¹⁹

Charles Schaffer began a fifty-year career in Navy medicine in 1897 as a bayman. His career path was typical for one enlisting in the medical field. Schaffer was required to enlist as a landsman (seaman apprentice), earning \$16 a month. Recruit training in the late 19th century took place on a receiving ship, an old sail vessel which modified for additional berthing by constructing a full-length deck house on the main deck. He spent several months learning every detail of life as a deck sailor--knotting, splicing, boat-handling, painting, and holystoning (scrubbing the wooden deck, kneeling, with a bible-sized stone). In those first months he would also be able to work off his \$45 debt for his initial gear issue, before which he could not go on liberty. It was not until transfer to his first permanent command that Schaffer's rating was changed to bayman. And since the naval hospitals used civilian male nurses as opposed to baymen, Schaffer would go to a ship.²⁰

With his new title, Bayman Schaffer's pay was upped to \$18 a month. His uniform now bore two strips of piping on the cuff and a "watch mark," a half-inch white strip sewn around the shoulder seam of the jumper. A white watch mark (blue on summer uniforms) denoted deck force or specialty personnel, while a red strip signified engineers. This strip was worn on either the left or right shoulder seam, depending on whether the individual was assigned to the port or starboard watch. Prior to the establishment of the Hospital Corps, no specific medical insignia was worn by junior personnel.²¹

¹⁸*Marine Amphibious Landing in Korea, 1871*, compiled by Carolyn A. Tyson. Washington: Naval Historical Foundation, pp. 22-23.

¹⁹History of the Hospital Corps of the United States Navy," prepared by Chief Pharmacist J. Holden, United States Navy, *Hospital Corps Handbook*, The Bureau of Medicine and Surgery under authority of the Secretary of the Navy, Washington: 1923, p. 1.

²⁰"Looking Backward Fifty Years," Charles Schaffer, Lt. Cmdr., (HC), USN, Retired, *Hospital Corps Quarterly*, Volume 21, No. 2, April-May-June 1948, pp. 9-13.

²¹ibid.

Shaffer's senior counterpart, the apothecary, was wearing new insignia as well. The old insignia for an apothecary was that of the newly-created (1893) chief petty officer. Its three chevrons and three arcs were cut from a single piece of cloth and divided by rows of stitching and had a caduceus in the angle of the chevrons. An eagle whose wings extended horizontally surmounted the arcs. This year's (1897) uniform regulations illustrated the rating badge which had been described in the regulations three years before. The apothecary's new CPO badge showed the eagle's wings as pointed upward, and its three chevrons and single arc were individual pieces. This style of rating badge has continued, virtually unaltered, to the present day.²²

Apothecaries of the 1890s mixed and dispensed all medication on the ship. He was responsible for all paperwork for the medical department, including all manner of periodic reports, supply requests, and correspondence. The apothecary administered anesthesia during surgery. The ship's apothecary would also be the primary instructor in all the medical skills required of a new bayman. "As a rule, baymen became skillful at bandaging," Shaffer noted, "perhaps due to their previous training in seamanship."²³

Their responsibilities did not end there, however. During shipboard surgery, the bayman focused an electric light on the incision site while the surgeon did his work on what was listed as the "combination writing and operating table". Baymen sterilized surgical instruments by boiling, then storing them in a solution of 5% phenol. Bandages and dressings were sterilized by baking them in a coffee can in the ship's oven. Sick bay itself was prepared for surgery by wiping the entire room down with "a weak bichloride solution". On days when the ship's routine called for scrubbing bags and hammocks, baymen were responsible for washing those of the sick. They assisted in the maintenance of medical department records, and had to paint the ship's medical spaces when required.²⁴

In the last two decades of the 1800s, many in the naval medical establishment called for reforms in the enlisted components of the medical department. Medicine had by now progressed far more from an art to a science, and civilian hospitals all had teaching schools for their nurses. Foreign navies had trained corpsmen, and the U. S. Army had established its own Hospital Corps of enlisted men on March 1, 1887. Navy Surgeon General J. R. Tryon argued, in his annual report of 1893, against the practice of assigning landsmen to the medical department with nothing more than on-the-job-training. He explained the urgent need for an organized hospital corps.²⁵

Physicians in the fleet were equally certain of the need for changes. Surgeon C. A. Sigfried of the U.S.S. *Massachusetts* made his views known in his report to the Surgeon General in 1897.

²²ibid. *U.S. Navy Rating Badges, Specialty Marks, and Distinguishing Marks, 1885-1982*, John A. Stacey. Published by the author, Ft. Washington, Maryland, 1982.

²³ibid.

²⁴ibid.

²⁵phd dissertation

"The importance of improving the medical department of our naval service is more and more apparent, in view of the recent advances in the methods and rapidity of killing and wounding. The great want is a body of trained bay men or nurses, and these should be better paid and of better stamp and fiber. Now and then we procure a good man, and proceed with his training as a bay man. He soon finds opportunity for betterment in some one of the various departments of the ship, in the matter of pay and emolument, either in some yeoman's billet or in some place where his meager \$18 per month can be suddenly increased to \$30, \$40, or even \$60 per month. The bay man, who should be an intelligent, sober man, and well trained in many things pertaining to nursing, dieting, ambulance, and aids to wounded, and have a moderate amount of education, finds his pay at present among the lowest in the ship's company; even the men caring for storerooms get more per month."²⁶

Arguments for a professional, well-trained group of individuals to provide medical care for the Navy finally paid off. Unfortunately, it took the imminent danger of continuing combat in the Spanish-American War to spur Congress into action. Among a variety of other last-minute bills aimed at putting the armed forces in better shape while the war was in progress, one was approved by President William McKinley on June 17, 1898 to provide for the Navy's long-needed Hospital Corps. The new corps would contain new rates. The hospital apprentice would be the equivalent of an apprentice seaman, the hospital apprentice first class equalled a third class petty officer (but was not, in actuality a petty officer himself), and the hospital steward was the equivalent to a chief petty officer. Pharmacists were warrant officers, the first of a line of commissioned hospital corpsmen that continued until the establishment of the Medical Service Corps following World War II. These equivalencies in rate were similar to the status of medical corps officers, whose ranks of assistant surgeon, passed assistant surgeon, surgeon, etc. were the equivalents of line officer ranks.²⁷

The new corps would have its share of responsibilities. Components of the new law had corpsmen providing medical and ambulance services to ships, naval hospitals, navy yards, Marine barracks, and even for members of the Coast Survey and the Fish Commission. But the new organization and the new standards for the enlisted medical sailors would also provide better pay for corpsmen, one of the intents of the proposed creation of the corps.²⁸

Early history of the corps set a pace of conspicuous service and involvement that would continue to the present. Before there was even a hospital corps school, Hospital Apprentice Robert Stanley was serving with the U.S. contingent at Peking. Actions by a Chinese political group that was opposed to foreign presence in China, to include diplomatic activities, prompted attacks on foreign embassies in July 1900. During this action, Hospital Apprentice Stanley volunteered for the dangerous mission

²⁶*Report of the Surgeon-General, U.S. Navy, Chief of the Bureau of Medicine and Surgery, to the Secretary of the Navy.* Washington: Government Printing Office, 1897, p. 16.1

²⁷"Hospital Corps, U.S. Navy," *Hospital Corps Quarterly*, Volume 21, No. 2, April-May-June 1948, pp. 4-5.

²⁸*ibid.*

of running message dispatches under fire. For his bravery, Stanley became the first in a long line of hospital corpsmen to receive the Medal of Honor.

In order to ensure that the members of the new hospital corps were adequately trained in the disciplines pertinent to both medicine and to the Navy, a basic school for corpsmen was established at the U. S. Naval Hospital Norfolk (Portsmouth), Virginia. Originally called the School of Instruction, it opened September 2, 1902. Its curriculum included anatomy and physiology, bandaging, nursing, first aid, pharmacy, clerical work, and military drill. The first class of 28 corpsmen was graduated on December 15, 1902. Hospital Apprentice Max Armstrong, at the top of the alphabetical list of graduates, was naturally given his diploma first and has been heralded as the Navy's first graduate hospital corpsman.²⁹

The school continued for a brief time and was then moved to the Naval Hospital in Washington, D.C., staying in existence there until 1911. For the next three years there was no basic school for corpsmen, but the concept was revived in 1914. The next two Hospital Corps Training Schools were opened in Newport, Rhode Island and on Yerba Buena Island, California.³⁰

Development of the Navy's hospital corps training courses would prepare the first generation of hospital corpsmen for arduous duty, both in peace and war. A graduate of the "Old School's" sixth class, Hospital Steward William Shacklette, would find himself aboard the U.S.S. *Bennington* in San Diego harbor on July 21, 1905. When the ship's boiler exploded, Shacklette was burned along with almost half the crew; the other half were killed outright. He rescued and treated numerous of his shipmates and was awarded the Medal of Honor for his bravery. Another young corpsman, Hospital Apprentice First Class William Zuiderveld of Michigan, landed at Vera Cruz, Mexico in 1914 as part of a force of Navy and Marine Corps personnel. During intense street fighting in which he was wounded himself, Zuiderveld, a graduate of the 16th class of the School of Instruction, risked his life on several occasions to aid wounded shipmates. He, too, was given the Medal of Honor.

The latest revision in the structure of the hospital corps would come by act of Congress on August 29, 1916. Under this plan, the rates would be hospital apprentices, second class and first class (both of whom wore a red cross on the sleeve), pharmacist's mates, third, second, and first class (who wore petty officer rating badges), and chief pharmacist's mate (who wore the CPO rating badge). The officer contingent of the hospital corps would include the two warrant officer ranks of pharmacist and chief pharmacist.³¹

²⁹"The Old School," Ben F. Dixon, Lieutenant (junior grade), Hospital Corps, U.S. Navy, *Hospital Corps Quarterly*, Volume 16, No. 3, July 1943, pp. 161-177. "Development of Service Instruction," *Hospital Corps Quarterly*, Volume 21, No. 2, April-May-June 1948, pp. 32-35.

³⁰"Log of the Hospital Corps, Highlight on the 'Ancaducros,'" *Hospital Corps Quarterly*, Volume 21, No. 2, April-May-June 1948, pp. 24-25. "The Old School," Ben F. Dixon, Lieutenant (junior grade), Hospital Corps, U.S. Navy, *Hospital Corps Quarterly*, Volume 16, No. 3, July 1943, pp. 161-177

³¹"Log of the Hospital Corps, Highlight on the 'Ancaducros,'" *Hospital Corps Quarterly*, Volume 21, No. 2, April-May-June 1948, pp. 24-25.

At the start of 1917 the hospital corps counted 1,700 men in its ranks. By the end of 1918, the corps would peak at about 17,000. The massive increase in the corps to meet the needs of the World War necessitated an increase in schools to train the newcomers. Hospital Corps School, Great Lakes, Illinois was established in January 1913. Wartime schools were created in Minneapolis at the University of Minnesota, in New York at Columbia University, and at the Philadelphia College of Pharmacy. A school for Naval Reserve Force hospital corpsmen was set up at Boston City Hospital. Other crash-course schools for shipboard corpsmen were conducted at a number of other civilian urban hospitals. Corpsmen who were needed to act as medical officers on small vessels such as destroyers were trained at the Pharmacist's Mate School at Hampton Roads, Virginia, the forerunner of the Independent Duty Corpsman School.³²

Hospital corpsmen were assigned to the multitude of duty types and locations needed to support a Navy involved in a world war. Naval hospitals were opened and staffed. Ships and aircraft squadrons were given medical support. Naval training facilities and shore establishments needed corpsmen as well. Occupation forces in Haiti and other bases around the world had contingents of corpsmen. But the World War I provided the hospital corps a new permanent role that would afford it some of the most gruesome and dangerous challenges it would ever face: duty assigned to the Marine Corps.

Assignment to Marine Corps units was not completely new. Corpsmen were serving with Marine occupational forces in Cuba, Haiti, and Santo Domingo at the outbreak of the war and had seen other similar service. It was the change of the Marine Corps' role, to one of expeditionary forces in a large scale ground war, that changed what corpsmen would do. Sick call and preventive medicine were continuous roles that remained unchanged. Facing artillery, mustard gas, and machine gun fire were new experiences.

A typical corpsman with the Marines wore the the USMC field uniform of breeches or trousers, green wool shirt, and the high-collar green coat with eagle, globe & anchor discs on the collar. These uniforms were later replaced with similar Army ones. All wore the campaign hat with Marine Corps insignia when they went overseas, but the Army overseas cap and British-style protective helmet soon replaced it out of necessity. Around the legs were worn "puttees," which were long bands of perhaps 4 inches by several feet that were spirally wrapped from the calf to the ankle. Stuffed into the top of the puttee, between it and the trouser material, most corpsmen carried a pair of bandage scissors. The gas mask or "respirator" was always seen worn around the neck. While an Army hospital corpsman carried his battle dressings in belt with pouches, resembling a cartridge belt, Navy corpsmen carried a canvas bag--the hospital corps pouch--which provided more room for more equipment. Two to five corpsmen so equipped served with each company.³³

³²:ibid.

³³*The Medical Department of the United States Navy with the Army and Marine Corps in France and World War I*, by George Strott, Lieutenant, Hospital Corps, U.S. Navy (Retired), NAVMED 1197, Washington, Bureau of Medicine and Surgery, U.S. Navy Department, June, 1947, pp. 29-30, 70-72.

From the experiences of landing parties in previous wars and of French troops who were veterans of the trenches, the Navy hospital corpsmen and doctors developed new medical techniques. Casualty first aid under fire, evacuation of the wounded, triage, battalion aid station functions, and field surgery all took on forms that would be recognizable today. A key to their successful treatment of the sick and wounded was the corpsmen's ability to adapt methods and materials to new uses and to improvise when specific items were unavailable.³⁴

In all, some 300 hospital corpsmen, doctors, and dentists served with the 5th Marine Regiment, the 6th Marine Regiment, and the 6th Machine Gun Battalion, assigned to the Army's 2nd Infantry Division. Their professionalism and heroism were reflected in some of the statistics they compiled. During their time in Europe, in the bloody engagements such as Meuse-Argonne and Belleau Wood, they treated over 13,000 casualties. 18 of their own were killed and 165 were either wounded or injured by mustard gas. Including officers, the Navy Medical Department with the Marines earned 684 decorations and citations. The group of hospital corpsmen became the most decorated unit of World War I. Two hospital corpsmen received the Medal of Honor. One of those recipients, Pharmacist's Mate John Balch, also received the Distinguished Service Cross (Army), three Silver Star Medals, the French Croix de Guerre (gold star), the Croix de Guerre (bronze star), the Italian Croce de Guerra, and the Portugese Croce de Guerra.³⁵

Following the war there was an inevitable decrease in the strength of the armed forces. Despite the loss of hospital corpsmen, there were still missions to perform. Nicaragua was added to the list of occupational duties to which the Marines and their corpsmen were assigned in 1927. Ships and naval hospitals still required hospital corps staff. As time passed and medicine advanced, hospital corpsmen kept pace and provided a ready naval medical force.³⁶

With the approach of another world war, the Navy and the hospital corps ballooned in size, for there would be even more work to do in this struggle. The corps increased from a low in 1941 of 9,414 enlisted corpsmen on active duty to 116,697 in 1945. World War II would produce countless new instances of superior performance by the hospital corps.

New schools were opened to train this influx of corpsmen not only in the basics, but in specialties as well. Corpsmen would be serving in submarines, on aircraft carriers, in isolated overseas clinics, with construction battalions, and with Marine units. They pulled burned men out of the waters of Pearl Harbor. They worked in physical therapy sections of naval hospitals to improve the balance of amputees with prosthetic limbs. They worked as lab, pharmacy, X-ray, and dental technicians at sea and ashore. They were at Guam and Saipan, Normandy and Okinawa, and a thousand places in between.

³⁴ibid.

³⁵ibid., pp. VI, 208.

³⁶"Log of the Hospital Corps, Highlight on the 'Ancaducros,'" *Hospital Corps Quarterly*, Volume 21, No. 2, April-May-June 1948, p. 25.

Of the corpsmen who participated in World War II, 1,724 of them were killed or wounded. The closer a hospital corpsman got to the enemy--whether he was a battleship sailor, a submariner, a flight deck corpsman, a Seabee, or in a tank battalion--the greater his likelihood of losing his own life or limb. Pharmacist's Mate First Class Ray Crowder made notes of his experiences on Iwo Jima in his diary:

"Most of the men who had been wounded previously were hit again...I was hit by a piece of shrapnel in my leg but I overlooked it until later. As soon as I could get my wits together...I began to do what I could for the guys. Two of the men were screaming with shock. Darkness had already fallen and I couldn't see what I was doing. All that I could do was to feel the blood and try to get a pressure bandage put over it to stop the bleeding."³⁷

Corpsmen were killed on the U.S.S. *Arizona*, at Guadalcanal, during kamikaze attacks, and as POWs. On October 14, 1944, 90 corpsmen died when the ship taking them to a Japanese prisoner of war camp was sunk by a torpedo from an allied submarine.³⁸

Hospital corpsmen endured the same adversities as their comrades in the Navy and Marine Corps. But perhaps their acts of gallantry in trying to save those comrades made the effort worth a little more. Almost half (7 of 15) Medals of Honor awarded to enlisted Navy men in the Second World War were awarded to corpsmen. All of those were assigned to Marine Corps units. Corpsmen further received a disproportionate share of every other personal decoration available.

Massive reorganization of the armed forces took place after World War II. The Department of Defense replaced the Navy and War Departments. The Air Force became a separate service. The Navy established the Medical Service Corps and the Dental Technician rating, both of which had previously been components of the Hospital Corps. And, effective April 2, 1948 the Navy changed the names and insignia of the hospital corps. The new names, from the bottom up, were Hospital Recruit, Hospital Apprentice, Hospitalman, Hospital Corpsmen Third, Second, and First Class, and Chief Hospital Corpsman. The red Geneva cross, which had marked corpsmen for 50 years, was replaced in the rating badge with the original mark of the winged caduceus. The rates of Senior Chief and Master Chief Hospital Corpsman were added in 1958.

In the next major conflict, Korea, corpsmen faced the same hardships of battle they had faced before, and they performed in the same manner. The frigid Korean winters and sweltering summers added the enemy of environmental casualties. Again, hospital corpsmen were always there to care for illnesses and to risk their lives to take care of wounds. In this war, all five enlisted Navy Medals of Honor were awarded to Docs.

³⁷"The Marines' Few Good Men: FMF Hospital Corpsmen," Mark T. Hacala, FMF Grunt Corpsmen Association Newsletter.

³⁸*Handbook of the Hospital Corps*, Bureau of Medicine and Surgery, U.S. Navy, Washington: 1962. "Log of the Hospital Corps, Highlight on the 'Ancaducros,'" *Hospital Corps Quarterly*, Volume 21, No. 2, April-May-June 1948, p. 26.

Minor conflicts and natural disasters would continue to occur around the globe, and corpsmen were there to lend aid. The 1960s would bring more and more of them into yet another war, this one in the southeast Asian country of Vietnam. Corpsmen were called to serve in hospitals, on hospital ships, and in field hospitals. Those closest to the heat of battle served in new kinds of units such as SEAL teams and river patrol boats of the "brown water Navy." But as in the other wars of the 20th century, many would be called upon to serve with and die with the Marines. Three more corpsmen would earn the Medal of Honor, and too many more, 4,563, would earn the Purple Heart.

A different part of the world would beckon corpsmen in the 1980s, southwest Asia. The objective was a "peacekeeping" mission in Beirut, Lebanon, in which U.S. forces participated with those of France, Italy, and Britain in a Multinational Force. Here corpsmen from the ships of a Mediterranean Amphibious Ready Group and a Marine Amphibious Unit were assigned to stop a bloody, eight-year old factional civil war. By the end of August, 1983, the peacekeepers had become targets and responded in a ground war that was all but unknown back in the U.S. When a mortar round hit one of the Marine positions, one corpsman, HN Victor Oglesby, found himself with five moderately wounded Marines, his platoon sergeant dead, and his platoon commander barely alive. Two months later, on October 23, a suicide truck bomb would destroy the headquarters of 1st Battalion, 8th Marines. Almost the entire battalion aid station--15 corpsmen and the battalion surgeon--were killed. One of the three who survived, then HM3 Don Howell, tended to wounded Marines while trapped in the rubble and wounded himself. The relief unit for the 24th Marine Amphibious Unit would not arrive in Lebanon until they had invaded the small Caribbean nation of Grenada.

The 1990-91 Iraqi invasion of Kuwait gained a strong response from the U.S. and the world. Preparations were made to drive the Iraqi Army out of the tiny country, and corpsmen were readied to respond to the needs of their shipmates. Of the vast number of Naval Reservists called to active duty, the largest single group activated were hospital corpsmen. Corpsmen staffed two hospital ships, the *Mercy* and the *Comfort*, fleet hospital units, and every other organization with a need for medical support. They faced the dangers of war once again, and the first Sailor to be wounded in action and receive the Purple Heart Medal in the Persian Gulf War was a corpsman.

Two years later, U.S. forces would again try to bring stability to a troubled land: Somalia. Corpsmen there faced both bullets and the needs of a starving populace. One, HM3 Timothy E. Quinn, wrote a letter describing his experiences in February 1993. "I was on a foot patrol that got pinned down by automatic weapons fire, and here I am tucked up against a tree trying to get small..." He continued,

"I go out to orphanages and do simple sick call and such...the people there tell us that food is now plentiful, and that no one is dying of hunger anymore, but now the medical problems are much more apparent."

In 1996 the Navy Hospital Corps continues to serve. Corpsmen serve in a potential hot spot, Bosnia, and stand ready around the world to support the ships, the submarines, the aircraft squadrons, the hospitals, the Marines, Seabees, and the special warfare community. In reviewing the past and present service of the our enlisted medical community, the one-word Latin motto of Britain's Royal Artillery would seem to fit United States Navy Hospital Corps with equal appropriateness: Umbique.

Everywhere.

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